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Gary E. Parker

06/15/2004

ZymoGenetics, Inc. 1201 Eastlake Avenue East Seattle, WA 98102 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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Hagen

(Depositor's name

(Signature

| | | | | August | 20, 2004 <u> </u> | (==) | |
|--|--|--|---|--|-------------------------------------|--|--|
| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | | | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/039,847 | 10/26/2001 | Charles E. Hart | | 00-100 | 9351 | | |
| TITLE OF INVENTION: C | OMPOSITIONS AND MET | THODS FOR IMPF | ROVING KIDNEY | FUNCTION | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE F | EE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | YES | \$665 | | \$300 | \$965 | 09/15/2004 | |
| EXAMINER | | ART UN | nr (| CLASS-SUBCLASS | | | |
| ANDRES, JANET L | | 1646 | 1646 514-044000 | | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| 3. ASSIGNEE NAME AND PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN ZymoGenet | an assignee is identified be d to the USPTO or is being EE | low, no assignee d submitted under se | - | ne patent. Inclusion etion of this form is TY and STATE OF WA | | | |
| Please check the appropriate | assignce category or category | ories (will not be pr | inted on the patent); | individual 🔾 | corporation or other private g | group entity 🔾 government | |
| 4a. The following fec(s) are | enclosed: | 4b | . Payment of Fee(s) | | | | |
| Issue Fee | | | | | | | |
| * / | Publication Fee Pro-2038 is attached. | | | | | | |
| Advance Order - # of Copies4 | | | | | | credit any overpayment, to copy of this form). | |
| Director for Patents is reque | sted to apply the Issue Fee a | nd Publication Fee | (if any) or to re-app | ly any previously p | aid issue fee to the application id | entified above. | |

(Authorized Signature)

(Date)

Aug. 20, 2004

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